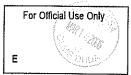
ان Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



Name KRISTOPHER

1. File Number **U**- 25036

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

4. Name, file number, and address of labor organization.

Name KRISTOPHER W LONG	Name PLUMBERS & STEAMFITTERS LOCAL #440 Labor Organization File Number 02/13/9
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 9709 S CO RD 425 E	Street 3747 S HIGH SCHOOL ROAD
City CLOVERDALE	City INDIANAPOLIS
State Indiana ZIP Code + 4 46120	State Indiana ZIP Code + 4 46241
Position in labor organization. EXAM. BOARD/INSTRUCTOR	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7 b Amount
Street	7.b. Amount.
Street	7.b. Amount.

Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge/and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Telephone Number

Name of Person Filing KRISTOPHER LONG	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name APPRENTICE EDUCATION TRUST 440 JATC		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any PO BOX 20425	b. Trust c. Employer	
Street 2509 E 54TH STREET	C. Employor	
City INDIANAPOLIS		
State Indiana ZIP Code + 4 46220	- -	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name APPRENTICE EDUCATION TRUST 440 JATC	INSTRUCTOR .	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any PO BOX 20425		
Street 2509 E 54TH STREET	11.b. Approximate dollar value of such dealing.	
City INDIANAPOLIS	12.a. Nature of interest held or income received.	
State Indiana ZIP Code + 4 46220		
	12.b. Amount. \$10,577	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	